

WASHINGTON UNIFIED SCHOOL DISTRICT – EMPLOYEE EMERGENCY CARD

Assignment Site _____ Birth Date _____ Sex ____ E-Mail: _____

Name _____ Phone _____ Cell Phone _____

Address _____

Spouse, Relative or Friend to be notified in case of illness or injury: (list two)

Name/Relationship _____ Home Phone _____ Work Phone _____

Name/Relationship _____ Home Phone _____ Work Phone _____

Physician/Medical Group _____ ID# _____

Address _____ Phone _____

Dentist _____ Address _____ Phone _____

For work related injuries, the District has a designated facility for treatment. If you prefer to be treated by your personal physician for work related injuries, you must complete a pre-designated form prior to the injury. Pre-designation forms can be obtained from the Human Resources Department or Risk/Benefits Manager.

A. Please check the following items if they pertain to you:

- Wear Contact Lenses Wear Hearing Aid Wear dental appliance

Other (specify): _____

B. Subject to any conditions which may result in an emergency, such as: (Please indicate special instructions, if any)

- a. Seizure Disorder: _____
- b. Respiratory Disorder: _____
- c. Diabetes: _____
- d. Cardiovascular or Bleeding Disorder: _____
- e. Known Allergies: (food, drugs, insects, etc.) _____

C. Other known problems or medic alert information: _____

D. Do you take routine medication? Yes No If yes, name the medication and dosage _____

Anticipated reaction, if any _____

E. Registered person living in immediate household of unit member (In accordance with WTA and CSEA agreements, effective 1/2/90) _____

In an emergency, I authorize a representative of the school district to make such arrangements as he/she considers necessary for me to receive medical/dental or hospital care, including necessary transportation. If said physician is not available at the time, I authorize such care and treatment to be performed by any licensed physician/dentist. I hereby agree to bear all costs incurred as a result of the foregoing.

Signature: _____ Date: _____

OR

If you **DO NOT** choose to sign the above statement, please state action desired in the event of an accident or emergency: _____

Signature: _____ Date: _____

Reviewed: Date ____ Initials ____ Date ____ Initials ____ Date ____ Initials ____ Date ____ Initials ____